

# Improving delivery of the lung cancer pathway in the south west

## Conducting regional lung cancer benchmarking against national audit data to develop service improvements for lung cancer services in the south west

### Challenge

The South West (SW) Cancer Alliances wanted to understand the variation of lung cancer services across the region in order to identify areas of good practice and to target areas for improvement.

### Approach

We created lung cancer pathway packs comparing individual provider trusts and the SW Alliances as a whole to the National Lung Cancer Audit 2019 to provide early insight into the quality of South West areas of practice, and to identify issues in relation to access of resources and staffing that may have an impact on local patient outcomes.

The responses were compared to various forms of guidance, which included:

- **NOLCP** – the National Optimal Lung Cancer Pathway.
- **NLCA Recommendations** (2017 and 2014) – from the National Lung Cancer Audit results
- **Commissioning Guidance**
- **QSI Quality Indicators** – Quality Surveillance Information System
- **NICE Guidelines** – the National Institute for Health and Care Excellence
- **British Thoracic Society Guidelines**

The packs contained the following:

- Breakdowns of guidance comparisons on a question-by-question basis
- Comparison of specific staffing levels across SWAG and Peninsula providers
- Comparison of specific treatment from MDT times
- Comparison of the timing and reporting of specific tests

### Impact

The lung cancer pathway packs were distributed across the Alliances' lung cancer teams, and presented to the Lung Cancer Delivery Group to facilitate further discussions with providers and commissioners across the region to enable them to address issues which would result in future improvements to the pathways. The detailed analysis provides a baseline which can be used to support improvements in outcomes for patients with lung cancer and include:

- increases in lung resection rates;
- decreases in time from referral to delivery and reporting of diagnostic tests;
- reduction in time from diagnosis to treatment;
- improvement in access to appropriate clinical staff, such as respiratory physicians, clinical nurse specialists, oncologists (medical and clinical), thoracic radiologists and histopathologists.

The packs have also provided the foundation for visits being carried out across the region under the Getting It Right First Time (GIRFT) programme.

Feedback from lung cancer clinicians (physicians, surgeons and oncologists) has been extremely positive. The way the data was presented enabled each individual provider to carry out easy analysis of their own data and also allowed for clear comparison with other providers.

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